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## MATERNITY AND INFANT WELFARE CENTERS.

One of the conspicuous results of the State-wide investigation in child hygiene now being made by the Public Health Service in the State of Missouri<sup>1</sup> in cooperation with the State board of health is the establishment of some form of child-health supervision in a number of different communities throughout the State, which is maintained at local expense. In some communities this takes the form of the employment of one or more public health nurses trained in child-welfare work; in others the work is organized on an extensive scale, including the establishment of maternity and baby health centers, depending largely on the public-health education and the resources of the communities.

The following abstracts from a memorandum in regard to maternity and infant welfare centers, issued by the British Ministry of Health under date of November, 1919, may be useful as a guide to other communities desiring to engage in this type of child-health supervision. In abstracting this memorandum an attempt has been made, by additions and omissions, to modify British practice to conform to American conditions.

### Infant Welfare Centers.

1. *Purpose:* Infant welfare center is primarily educational, providing advice and teaching mothers in the care and management, feeding and clothing, of infants and children of preschool age.

2. *Teaching:* The teaching should be done by a qualified member of the center and should be both individual and collective. Individual instruction may be imparted at the time of the consultation, while special classes may be held for groups of mothers.

3. *Area:* The size of the district that should be served by one center is determined largely by the density of the population. As a rule these districts should be as compact as possible and within easy reach of the mothers. The center can properly supervise an area in which occur about 400 births annually. If the attendance at the center becomes too large—that is, in excess of 30 or 40 a day—the center should be opened on an additional day of the week.

4. *Attendance:* The medical officer should at intervals see every child attending the center; children under 6 months of age, at least once a month, and older children at less frequent intervals.

5. *Group teaching:* This should consist of demonstrations and health talks. Special classes should be arranged for expectant mothers who are pregnant for the first time, teaching them the simple rules of mothercraft and the making of baby clothes. Sewing classes should be arranged for and other classes in home nursing, infant care, personal hygiene, cooking, first aid, and other subjects of interesting and helpful nature.

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<sup>1</sup> See Public Health Reports, June 18, 1920, pp. 1453-1454.

6. *Follow-up work:* Home visiting should be made by the public-health nurse attached to the center, or, if simply to inquire into the reason for nonattendance, by volunteer untrained helpers.

7. *Medical nursing staff:* The medical staff should consist of one or more physicians skilled in the diagnosis of the diseases of children, either paid or volunteer. As a general rule the center should be in charge of a paid physician, because in the case of volunteer physicians it is difficult to maintain sustained interest in the work. The nursing staff should consist of one or more public-health nurses trained in child-health supervision, who should assist the physician, weigh and measure children, and assist mothers to prepare them for examination by the physicians, and who should also do home visiting.

8. *Accommodations:* The center should have facilities for a waiting room which may be used for classes, a weighing room, and a consultation room for the physician; also adequate sanitary arrangements.

9. *Treatment:* The center, as a rule, should not be used for treatment except in the case of minor ailments, such as sores, discharging ears (on the advice of a physician), and massage in suitable cases. Special arrangements should be made for the care and treatment of sick children, which should be carried out in connection with the children's hospital and out-patient clinic of the general hospital, or, in larger centers, the British plan of linking up several welfare centers with one center devoted solely to treatment may be followed.

10. *Weighing and measuring:* If practicable, infants under six months should be weighed weekly and those between six months and one year of age once every two weeks. Older children should be weighed every one to three months. Mothers will continue their interest in their attendance if they are provided with the weighing card for recording the weights and which they should bring with them each time they attend the center.

*Other activities:* Milk may be sold to mothers when this can be done under proper control and supervision. Milk should always be sold at a cost slightly under the retail price, and given free of charge to mothers who are unable to pay. Great care should be exercised in regard to this latter point. Where funds are ample and the attendance on the center sufficiently large to warrant it, a few beds may be provided for the care of premature infants and children suffering from malnutrition of such degree and kind as to demand scientific supervision and management.

#### Maternity Centers.

1. *Function:* The main function of a maternity or prenatal center is to advise expectant mothers in regard to conditions directly associated with pregnancy and as to general ailments which indirectly affect their physical welfare and that of the expected child.

2. *Attendance:* The majority of mothers do not realize the value of medical supervision during pregnancy in reducing or eliminating

avoidable discomforts and in rendering the confinement safer for both mother and child. For this reason mothers, while willing to bring their babies to be examined at infant welfare centers, are less willing to attend themselves before the babies are born. Attendance should be secured, therefore, through (a) making the center attractive as well as clinically useful; (b) enlisting the aid and cooperation of physicians and midwives, public-health nurses, and other agencies; and (c) by enlisting the aid of those attending the center, in the education of the public to the value of the work done by the center.

3. *Personnel*: The center should be under medical supervision of a physician experienced in obstetrics and gynecology, or, if this be not possible, arrangement should be perfected for referring certain cases to a specialist.

The medical supervision should be assisted by one or more obstetrical nurses or public-health nurses with obstetrical training.

Maternity or prenatal centers offer but little opportunity for voluntary help as compared with infant welfare centers.

4. *Premises*: The premises should comprise suitable rooms for waiting, dressing, and consultation, with special gynecological chair, couch, or table. There should be also adequate lavatory and toilet accommodations and facilities for the testing of urine and, in the more advanced centers, provision for examination of expectant mothers suspected of having tuberculosis.

5. *Scope of work*: (a) Consultation by the medical officer.—A careful history should be taken, together with an external examination and measurements, and by internal examination only when necessary in the interest of the patient.

(b) Home visiting.—This should be done in special cases by a qualified member of the center staff. Visiting should always be done with the knowledge and cooperation of the family physician.

(c) Educational classes in the hygiene of pregnancy, the making of garments for the baby, etc.

(d) Dinners or milk may be provided for expectant or nursing mothers in necessitous cases so frequently encountered in populous districts. "One of the most efficient and important means of securing healthy pregnancy is by insuring adequate nutrition."

(e) Dental treatment.—This should be included in the scope of the center whenever possible. There is no doubt that infected teeth exercise an injurious effect on health during pregnancy and lactation.

6. *Relation to other institutions or health work*: (a) Venereal disease, and (b) complications of pregnancy.

Arrangement should be made with the State and municipal laboratory for microscopic and serologic diagnosis in cases of suspected venereal disease. The center also should, wherever possible, be associated with a lying-in institution to which complicated cases requiring institutional treatment or examination could be referred.